

## PART B - FEE(S) TRANSMITTAL

d this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new currespondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 02/08/2006 7590 021394 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ARTHROCARE CORPORATION 680 VAQUEROS AVENUE SUNNYVALE, CA 94085-3523 NICEL (Depo MICHALE (Signature (Date 06 ATTORNEY DOCKET NO. CONFIRMATION NO FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 7304 07/02/2003 Ronald A. Underwood 10/613,609 TITLE OF INVENTION: METHOD FOR TREATING OBSTRUCTIVE SLEEP DISORDER INCLUDES REMOVING TISSUE FROM THE BASE OF TONGUE 05/09/2006 TBESHAH2 00000096 500359 10613609 PUBLICATION FET FC: 150 TOTAL FEE GABLEON DA DATE DUE ISSUE FEE SMALL ENTITY APPLN, TYPE 02 FC:1504 \$1700300.00 DA 05/08/2006 NO \$1400 nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 606-045000 3739 PEFFLEY, MICHAEL F l. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list RICHARD R. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE CALIFORNIA JUNNAVALE CORPORATION ARTHROCARE ☐ Individual Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: ☐ A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0359 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date Authorized Signature Registration No. Typed or printed name KICHARD R.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.